Filing Claims

The information presented here will help you understand the claims processing system. Remember that your local TRICARE Service Center (TSC) staff is available to answer any questions you may have.

You Will Rarely Need to File a Claim

As a Prime beneficiary, the majority of your medical care will be provided in a military treatment facility (MTF). You may also be referred off base/post to a host-nation provider for medical care. Usually, you will be referred to a member of the TRICARE Europe Preferred Provider Network (PPN). PPN members will submit any charges you incur directly to the claims processor for payment.

However, if you are referred to a civilian provider who is not a member of the TRICARE network, you may need to file a claim to get reimbursed for your care.

Authorization Needed for Civilian Care

Active Duty Family members (ADFM): Pre-authorization is required for ALL non-emergency civilian care provided in overseas regions, unless enrolled in TRICARE Europe Prime Remote. The claims processor will process your claim using the high-cost "point of service" (POS) option if you do not get authorization for non-emergency care. Point-of-service cost shares also apply to TRICARE Global Remote Overseas enrollees (see Fact Sheet 7, TRICARE Prime in Overseas Remote Sites, for more information).

After receiving any emergency care, individuals should contact their servicing TSC as soon as possible. Pre-authorization is not required for emergency care while traveling in the U.S.

Active Duty (AD) military: All non-emergency civilian care must be pre-authorized by your Service. Authorization can be documented on SF 1034, "*Public Voucher for Purchases and Services other than Personal*" (for Army and Air Force Members) or NAVMED Form 6320/10, "*Nonnaval Health Care Claim Form*" (for Navy and Marines Members).

Remote sites: For AD members, the local commander/certifying officer can approve non-emergency civilian medical care up to $500 per episode of care. If the charge is more than $500, Service approval is required. ADFMs enrolled in TRICARE Europe Prime Remote do not require authorization for civilian care.

Paying For Civilian Medical Care

In many cases, you may be expected to pay for civilian health care at the time you receive it. If you must pay up front or “out-of-pocket” for civilian medical care, you can then file a claim with the TRICARE Europe claims processor for reimbursement.

On your claim form, please print in large capitol letters "PAID BY PATIENT, PLEASE REIMBURSE". Reimbursement will always be made to the beneficiary in U.S. dollars unless reimbursement in local currency is indicated on the claim form.

If you are provided with a medical bill that is beyond your means to pay at the time, please call your TSC immediately so that they may negotiate with the host-nation provider on an acceptable alternative.

Completing the Claim Form

For all TRICARE Europe beneficiaries, claims may be submitted on a CHAMPUS Claim Form (DD Form 2642). The DD 2642 is the only claim form used by TRICARE Europe for overseas care.

Obtaining Claim Forms

You may obtain additional claim forms from your local TRICARE Service Center. You may also download forms from ***www.europe.tricare.osd.mil*** (click on the "Forms & Downloads" button).

Prescription Drug Claims

All prescription claims require the name of the patient; the name, strength, and quantity of each drug; the name and address of the pharmacy; and the name and address of the prescribing physician. Billing statements showing only total charges, reminders, cancelled checks, or cash register and similar receipts are not acceptable as itemized statements.

Send your Claims to WPS

The TRICARE Europe claims processor is Wisconsin Physician Services (WPS), located in Madison, Wisconsin. Please use your overseas address on claim forms. Although WPS pays all beneficiary claims in Europe, there are different box numbers for Active Duty and all other TRICARE eligible beneficiary claims:

Active Duty Civilian Care Claims: Send ALL Active Duty claims to:

TRICARE Europe
WPS - Active Duty Claims Processing
P.O. Box 7968
Madison, WI 53707-7968

Active Duty Family Member Civilian Care Claims: The claims processor handles ALL claims for active duty family members enrolled in TRICARE Europe Prime, whether care is received in CONUS or overseas. Please submit ALL Active Duty Family members claims to:

TRICARE Europe
WPS-Claims Processing
P.O. Box 8976
Madison WI 53708-8976

TRICARE Standard – Overseas Care

Individuals covered by TRICARE Standard (including eligible retirees, their family members and Active Duty Family Members who have chosen not to enroll in Prime) should submit claims to the address above (WPS-Claims Processing).

All TRICARE users residing in CONUS who are visiting overseas must file any medical claims with their regional claims processor using their permanent home address after they pay for care.

A Word of Caution

A referral to see a medical or mental health specialist off base does not necessarily mean that all care received from that provider is a covered benefit. Nor does referral to a member of the provider network mean that any treatment received will be paid by TRICARE. *Even when the initial visit is covered, subsequent tests or procedures, which may be normal in the host-nation country, may not be covered services under the TRICARE program.* The best way to ensure that you do not incur excessive out-of-pocket expenses is to contact your BCAC and ask whether the proposed tests or treatments are authorized.

CONUS Family Member Medical Care

When overseas active duty family members travel to the states and need care, pre-authorization is not required for care from any civilian provider in the Continental U.S. Send all claims for care received in CONUS to the TRICARE Europe claims processor, WPS, at the address above.

Submit Timely Claims

All claims must be filed no later than one year after the services are provided; or, for inpatient care, one year from the date of discharge. If a claim is returned for additional information, it must be resubmitted by the filing deadline, or within 90 days of the notice — whichever date is later.